COHMIS

RHY Intake Form

SOCIAL SECURITY NUMBER (SSN)				■			■				
QUALITY OF SSN	☐ Full SSN reported ☐ Approximate/partial SSN reported							☐ Client doesn't know ☐ Client refused ☐ Data not collected			

CLIENT NAME			
Last:			
First:			
Middle:		Suffix:	

QUALITY OF NAME	☐ Full name reported ☐ Partial, street name, or code name reported	☐ Client doesn't know ☐ Client refused ☐ Data not collected

DATE OF BIRTH (DOB) (MM/DD/YYYY)			■			■				
QUALITY OF DOB	☐ Full DOB reported ☐ Approximate/partial DOB reported						☐ Client doesn't know ☐ Client refused ☐ Data not collected			

GENDER

☐ Female ☐ Male	☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-Conforming (not exclusively male or female)	☐ Client doesn't know ☐ Client refused ☐ Data not collected

RACE

☐ White ☐ Black or African American	☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian	☐ Client doesn't know ☐ Client refused ☐ Data not collected

ETHNICITY

☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino	☐ Client doesn't know ☐ Client refused ☐ Data not collected

VETERAN STATUS

☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD

☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse or partner	☐ Head of household's other relation member ☐ Other: non-relation member

PROJECT NAME	
PROJECT START DATE (MM/DD/YYYY)	__ __ / __ __ / __ __ __ __

Has client ever experienced homelessness before?
☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

DATE OF ENGAGEMENT (Street Outreach Only)

PRIOR LIVING SITUATION *(Where did the client sleep the night before entering this project?) (PICK ONLY 1)*

HOMELESS SITUATION

☐ Place not meant for human habitation (vehicle, anywhere outside)
☐ Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded host home
☐ Safe Haven

INSTITUTIONAL SITUATION

☐ Foster care home or foster care group home
☐ Hospital or other residential non-psychiatric medical facility
☐ Jail, prison or juvenile detention facility
☐ Long-term care facility or nursing home
☐ Psychiatric hospital or other psychiatric facility
☐ Substance abuse treatment facility or detox center

TRANSITIONAL & PERMANENT HOUSING SITUATION

☐ Residential project or halfway house with no homeless criteria
☐ Hotel or motel paid for without emergency shelter voucher
☐ Transitional housing for homeless persons (including homeless youth)
☐ Host Home (non-crisis)
☐ Staying or living in a friend's room, apartment, or house
☐ Staying or living in a family member's room, apartment, or house
☐ Rental by client, with GPD TIP subsidy
☐ Rental by client, with VASH housing subsidy
☐ Permanent housing (other than RRH) for formerly homeless persons
☐ Rental by client, with RRH or equivalent subsidy
☐ Rental by client, with HCV voucher (tenant or project)
☐ Rental by client in a public housing unit
☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, with other ongoing housing subsidy
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy

☐ Client doesn't know
☐ Client refused
☐ Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION *(How long did the client stay in that situation?)*

☐ One night or less
☐ Two to six nights
☐ One week or more, but less than one month
☐ One month or more, but less than 90 days
☐ 90 days or more, but less than one year
☐ One year or longer
☐ Client doesn't know
☐ Client refused
☐ Data not collected

If client is enrolling in RHY Street Outreach or RHY Shelter, or Prior Living Situation = HOMELESS

APPROXIMATE DATE HOMELESSNESS STARTED *(for the client's* ***current*** *episode of homelessness)*
__ __ / __ __ / __ __ __ __
MONTH DAY YEAR

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today *(Regardless of where they stayed last night)*

☐ One time
☐ Two times
☐ Three times
☐ Four or more times
☐ Client doesn't know
☐ Client refused
☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years

☐ One month (first time)	☐ Five months	☐ Nine months	☐ More than 12 months
☐ Two months	☐ Six months	☐ Ten months	☐ Client doesn't know
☐ Three months	☐ Seven months	☐ Eleven months	☐ Client refused
☐ Four months	☐ Eight months	☐ Twelve months	☐ Data not collected

If Client's Prior Living Situation is any INSTITUTIONAL SITUATION:

Question	Response
Length of Stay Less than 90 days? *(Indicate if the stay in the Institutional setting they lived in immediately prior to project entry was less than 90 days)*	☐ No ☐ Yes*

***If YES to Length of Stay Less than 90 days**

Question	Response
On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven? *(On the night before the client's stay of less than 90 days in an institutional setting, or less than 7 nights in a transitional/permanent housing setting, were they on the Streets, in an Emergency Shelter, or in a Safe Haven?)*	☐ No ☐ Yes*

***If YES to 'On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven'**

	MONTH			DAY			YEAR			
APPROXIMATE DATE HOMELESSNESS STARTED *(for the client's **current** episode of homelessness)*										

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today *(Regardless of where they stayed last night)*

☐ One time	☐ Three times	☐ Client doesn't know
☐ Two times	☐ Four or more times	☐ Client refused
		☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years

☐ One month (first time)	☐ Five months	☐ Nine months	☐ More than 12 months
☐ Two months	☐ Six months	☐ Ten months	☐ Client doesn't know
☐ Three months	☐ Seven months	☐ Eleven months	☐ Client refused
☐ Four months	☐ Eight months	☐ Twelve months	☐ Data not collected

If Client's Prior Living Situation is any TRANSITIONAL or PERMANENT HOUSING SITUATION:

Question	Response
Length of Stay Less than 7 nights? *(Indicate if the stay in the Transitional or Permanent Housing setting they lived in immediately prior to project entry was less than 7 nights)*	☐ No ☐ Yes*

***If YES to Length of Stay Less than 7 nights**

Question	Response
On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven? *(On the night before the client's stay of less than 7 nights in a Transitional or Permanent Housing setting, were they on the Streets, in an Emergency Shelter, or in a Safe Haven?*	☐ No ☐ Yes*

***If YES to 'On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven'**

	MONTH			DAY			YEAR			
APPROXIMATE DATE HOMELESSNESS STARTED *(for the client's **current** episode of homelessness)*										

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today *(Regardless of where they stayed last night)*

☐ One time	☐ Three times	☐ Client doesn't know
☐ Two times	☐ Four or more times	☐ Client refused
		☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years

☐ One month (first time)	☐ Five months	☐ Nine months	☐ More than 12 months
☐ Two months	☐ Six months	☐ Ten months	☐ Client doesn't know
☐ Three months	☐ Seven months	☐ Eleven months	☐ Client refused
☐ Four months	☐ Eight months	☐ Twelve months	☐ Data not collected

RHY-BCP STATUS (BCP-Prevention & BCP-Emergency Shelter Only)	
DATE OF STATUS DETERMINATION	__ __ / __ __ / __ __ __ __ MONTH DAY YEAR
FYSB YOUTH ELIGIBLE FOR RHY SERVICES	☐ No* ☐ Yes*

***If NO for FYSB YOUTH – Reason services are not funded by BCP grant**	
☐ Ward of the State-Immediate Reunification ☐ Ward of the criminal justice system-immediate reunification	☐ Out of age range ☐ Other ____________________________

***If YES for FYSB YOUTH** *Runaway Youth?*	
☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

DISABLING CONDITION	
☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

PHYSICAL DISABILITY	
☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES for Physical Disability** *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

DEVELOPMENTAL DISABILITY	
☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

CHRONIC HEALTH CONDITION	
☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES for Chronic Health Condition** *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

MENTAL HEALTH PROBLEM	
☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES for Mental Health Problem** *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

SUBSTANCE ABUSE PROBLEM	
☐ No ☐ Alcohol abuse ☐ Drug abuse ☐ Both alcohol and drug abuse	☐ Client doesn’t know ☐ Client refused ☐ Data not collected
***If YES for Substance Abuse Problem** *Expected to be of long-continued and indefinite duration and substantially impair the client’s ability to live independently?*	☐ No ☐ Yes ☐ Client doesn’t know ☐ Client refused ☐ Data not collected

CASH INCOME FOR INDIVIDUAL		
Income from Any Source?	☐ No ☐ Yes*	☐ Client doesn’t know ☐ Client refused ☐ Data not collected

***If YES to Income from Any Source – Indicate all sources that apply**

Income Source (Check all that apply)	Monthly Amount
☐ Earned Income	
☐ Unemployment Insurance	
☐ Supplemental Security Income (SSI)	
☐ Social Security Disability Insurance (SSDI)	
☐ VA Service-Connected Disability Compensation	
☐ VA Non-Service Connected Disability Pension	
☐ Private Disability Insurance	
☐ Worker’s Compensation	
☐ Temporary Assistance for Needy Families (TANF)	
☐ General Assistance (GA)	
☐ Retirement Income from Social Security	
☐ Pension or Retirement Income from a Former Job	
☐ Child Support	
☐ Alimony and Other Spousal Support	
☐ Other Cash Income (Specify: ________________________________)	
Total Monthly Amount	

NON-CASH BENEFITS

Receiving Non-Cash Benefits?

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES to Receiving Non-Cash Benefits – Indicate all sources that apply**

☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Childcare Services
☐ TANF Transportation Services
☐ Other TANF-Funded Services
☐ Other Non-Cash Benefit (Specify source:____________________)

HEALTH INSURANCE

Covered by Health Insurance?

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES to Covered by Health Insurance – Indicate all sources that apply**

☐ Medicaid
☐ Medicare
☐ State Children's Health Insurance Program
☐ Veteran's Administration (VA) Medical Services
☐ Employer-Provided Health Insurance
☐ Health Insurance Obtained Through COBRA
☐ Private Pay Health Insurance
☐ State Health Insurance for Adults
☐ Indian Health Services Program
☐ Other Health Insurance (Specify source:____________________)

SEXUAL ORIENTATION

☐ Heterosexual
☐ Gay
☐ Lesbian
☐ Bisexual
☐ Questioning/Unsure
☐ Other _______________________

☐ Client doesn't know
☐ Client refused
☐ Data not collected

LAST GRADE COMPLETED

☐ Less than Grade 5
☐ Grades 5-6
☐ Grades 7-8
☐ Grades 9-11
☐ Grade 12
☐ School does not have grade levels
☐ GED
☐ Some College
☐ Associate's Degree
☐ Bachelor's degree
☐ Graduate Degree
☐ Vocational Certification

☐ Client doesn't know
☐ Client refused
☐ Data not collected

SCHOOL STATUS

☐ Attending school regularly
☐ Attending school irregularly
☐ Graduate from high school
☐ Obtained GED
☐ Dropped out
☐ Suspended
☐ Expelled

☐ Client doesn't know
☐ Client refused
☐ Data not collected

EMPLOYMENT STATUS		
Employed?	☐ No* ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected
***If YES to Employed**		
Type of Employment	☐ Full Time ☐ Part Time	☐ Seasonal/sporadic (including day labor
***If NO to Employed**		
Why not employed?	☐ Looking for work ☐ Unable to work	☐ Not looking for work

GENERAL HEALTH STATUS		
☐ Excellent ☐ Very Good ☐ Good	☐ Fair ☐ Poor	☐ Client doesn't know ☐ Client refused ☐ Data not collected

DENTAL HEALTH STATUS		
☐ Excellent ☐ Very Good ☐ Good	☐ Fair ☐ Poor	☐ Client doesn't know ☐ Client refused ☐ Data not collected

MENTAL HEALTH STATUS		
☐ Excellent ☐ Very Good ☐ Good	☐ Fair ☐ Poor	☐ Client doesn't know ☐ Client refused ☐ Data not collected

PREGNANCY STATUS	
☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected
***If YES for Pregnancy Status, Due Date:**	MONTH / DAY / YEAR

FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY		
☐ No ☐ Yes*		☐ Client doesn't know ☐ Client refused ☐ Data not collected
***If YES for Formerly a Ward, Number of Years:**	☐ Less than one year* ☐ 1 to 2 years	☐ 3 to 5 years or more
***If Less than one year for Number of Years, Number of Months (1-11)**		

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM	
☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected
***If YES for Formerly a Ward, Number of Years:**	☐ Less than one year* ☐ 3 to 5 years or more ☐ 1 to 2 years
***If Less than one year for Number of Years, Number of Months (1-11)**	

FAMILY CRITICAL ISSUES		
Unemployment – Family Member	☐ No	☐ Yes
Mental health issues – Family Member	☐ No	☐ Yes
Physical disability – Family Member	☐ No	☐ Yes
Abuse and neglect – Family Member	☐ No	☐ Yes
Insufficient income to support youth – Family Member	☐ No	☐ Yes
Incarcerated parent of youth	☐ No	☐ Yes

Referral Source	
☐ Self-referral ☐ Individual: Parent/Guardian/ Relative/ Friend/ Foster Parent/ Other Individual ☐ Outreach project* ☐ Temporary shelter ☐ Residential project ☐ Hotline ☐ Child welfare/CPS	☐ Juvenile justice ☐ Law enforcement/Police ☐ Mental hospital ☐ School ☐ Other organization ☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If Street Outreach project, Number of times approached by Outreach prior to entering project:**	

Would you like to share the reasons or factors you feel contributed to your homelessness?	☐ No ☐ Yes*
*If YES please indicate all reasons that apply	

☐ Abuse or violence in my home
☐ Alcohol or substance use problems
☐ Asked to leave or evicted
☐ Bad credit
☐ Client Choice
☐ COVID-19
☐ Disabling conditions
☐ Discharged from foster care
☐ Discharged from jail
☐ Discharged from prison
☐ Family member or personal illness
☐ Language barrier
☐ Legal problems
☐ Lost a job, could not find work
☐ Medical Expenses
☐ Mental health condition
☐ Moved to find work
☐ Problems with public benefits
☐ PTSD
☐ Reasons related to my race or ethnicity
☐ Reasons related to my sexual orientation or gender identity
☐ Relationship problems or family breakup
☐ Traumatic brain injury
☐ Unable to pay rent or mortgage
☐ Unable to pay utilities
☐ Other reason (Please specify:___________________________)

CONTACT INFORMATION (Optional – entered on the **Contacts** tab)			
Phone number			
Email			
ADDRESS (Optional – entered on the **Locations** tab)			
Street			
City			
State		Zip Code	

Signature of applicant stating all information is true and correct

Date